

November 15, 2017

Green Mountain Care Board

Re: UVMMC Electronic Health Record upgrade

Dear GMCB Members:

HealthFirst Independent Practice Association (IPA) has been watching the discussion regarding the UVMMC electronic health record (EHR) upgrade with interest. The decision to purchase, install or upgrade an electronic health record is a complex and expensive undertaking, and one that our independent practices have all gone through over the past several years. UVMMC holds a unique position as the largest tertiary care and referral center in the state, and as such, it handles a tremendous amount of incoming and outgoing medical information and documents from community providers. The proposed EHR upgrade creates an opportunity to address some of the shortfalls in the current system, which will improve overall patient care in Vermont.

The biggest shortfall with the current hospital EHR system (PRISM) is the lack of inter-operability with the outpatient EHR systems of other community providers, and, more importantly perhaps, the lack of processes in place to ensure appropriate communication when there is not an electronic solution.

1) Medical notes sent from a community provider's office often times are not made available to the consultant provider or department at UVMMC. For example, extensive information is often sent to the ER when patients are sent in...yet ER practitioners don't see them. Extensive background notes and tests are often sent to consultants, yet there is no evidence the information is ever received or reviewed, and tests are then repeated.

2) Consultant notes, ER notes, Hospitalization transfer of care documents, and other reports are very frequently not sent back to the referring provider in a manner useful to the community practitioner. After discovering notes are missing, clinical notes must be found in the hospital system by logging directly onto the hospital's PRISM system doing a search, and recovering them.

3) Direct messages from practitioner to practitioner are often sent from within the current hospital EHR to "dead end" mailboxes created in the PRISM system, where community practitioners do not work, with the assumption that they will be discovered. This is actually dangerous, with critical messages being lost, undelivered to the intended target practitioner.

To be a recognized Patient Centered Medical Home, primary care practices are required to have a referral tracking process that ensures a referral note is received for every referral requested. Currently, community practitioners and staff are devoting scarce resources that would otherwise be spent providing patient care, to log onto the hospital system and track down and print consultant letters that should have been automatically sent back to the referring practitioner from the hospital EMR. Moreover, PRISM access from "outside" does not allow these community providers to FAX these documents to their own offices, or send them electronically to themselves. Unfortunately, pages must be printed, scanned in, and then signed off. A huge contributor to the daily administrative hassle factors of modern primary care practice is this unnecessary paper handling, and tracking down information that could have, and should have, been sent to the patient's PCP office.

In the past, UVMMC has offered their Epic EHR, PRISM, to the community providers in an effort to improve the electronic communication. However, many practices have found it to be cost-prohibitive when compared with maintaining their own EHR. In addition, we have heard consistent feedback that while Epic may be a strong hospital system, it has significant shortcomings when utilized for smaller free standing outpatient clinics. Community EHR systems are not going to be abandoned anytime soon, so community practices need appropriate electronic and non-electronic data sharing solutions with UVMMC.

With the current proposed EHR upgrade, we believe this is an opportunity to address some of the existing external communication issues with the Epic system. Specifically, we believe it would be beneficial for UVMMC to:

- 1) Evaluate the processes by which their EHR system will interface with the various community-based EMR systems for documents, including consult notes, radiology and lab reports, ER and hospital transfer of care documents. It is especially important for bidirectional ordering and resulting of radiology and laboratory testing.
- 2) Ensure that timely and useful (content) clinical documents are produced by the new system and easily readable (by clarity and conciseness) by the community providers. A process by which community providers are surveyed or otherwise queried as to the effectiveness of UVMMC's communication procedures would be necessary, as well as reports to the GMCB as to UVMMC's success in this area.
- 3) Address how messages directly between providers are handled. We would also suggest that some funds are allot as part of this project to assist community practices with the interfaces necessary to integrate with their EHR. Finally, we would suggest that UVMMC have a formal, regular process for receiving feedback on how their EHR is communicating with the diverse network of community-based providers, and make adjustments to incorporate that feedback into an actionable plan

With the ever-increasing demands placed on all providers with regard to quality measures and documentation, coupled with the increasing medical complexity of aging patients in an already-stressed medical system, we understand the value of a well-functioning integrated electronic health record. We are hopeful that with some specific guidance and requirements from the GMCB, the UVMMC EHR upgrade will result in an improvement in internal and external inter-operability and communication that will significantly improve patient care and reduce medical errors across the State.

Further information and input can be provided on the current communication issues that community providers are experiencing with UVMMC's EHR. We would be happy to have representative providers meet with GMCB members in person. Thank you for your consideration.

Respectfully,

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